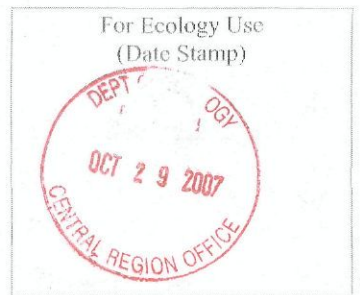




State of Washington  
Application for a Water Right Permit

☒ SURFACE WATER ☐ GROUND WATER  
☐ Permanent ☒ Temporary ☐ Short Term



Follow the attached instructions. Attach additional sheets as necessary.

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO  
THE DEPARTMENT OF ECOLOGY MUST ACCOMPANY THIS APPLICATION.

Section 1. APPLICANT

Applicant/Business Name: Oroville-Tonasket Irrigation District	Phone No: (509) 476-3696	Other No:
Address: P.O. Box 1729		
City: Oroville	State: WA	Zip: 98844 - 1729
Email Address (optional): otiddg@nvinet.com		

Contact Name (if different from above): Chris Fisher	Phone No: (509) 422-7427	Other No:
Relationship to Applicant: Tribal Cooperator for Fish Rearing Operation		
Address: 23 Brooks Tract Road		
City: Omak	State: WA	Zip: 98841 - 9428
Email Address (optional): chris.fisher@colvilletribes.com		

Section 2. STATEMENT OF INTENT

Briefly describe the purpose of your proposed project: Non-consumptive use water right to pump water from Okanogan River from October 15, 2007 to April 15, 2008 into irrigation settling pond owned and operated by Oroville-Tonasket Irrigation District, thence back to Okanogan River at same location. Purpose is to acclimate juvenile chinook salmon for release in the spring of 2008. The pond is an existing facility located west of the Town of Tonasket, Washington, on the west bank of the Okanogan River. It was originally constructed in the 1980's by the US Bureau of Reclamation for the OTID to help settle silt from irrigation water.

Anticipated length of time to complete your project: 1 week construction of drain pipe

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)		Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input checked="" type="checkbox"/> Cubic Feet per Second (CFS)	<input type="checkbox"/> Gallons per Minute (GPM)		
Fish Rearing	10 cfs		3620 AF/YR	October 15 - April 15
TOTAL:	10 cfs		3620 AF/YR	

For Ecology Use	APPLICATION NO: <u>S4-35157</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>\$50</u>	Check No: <u>010448</u>
	ECY Coding: 001-001-WR1-0285-000011	
Date Returned	By	Priority Date <u>10/29/2007</u> By
		WRIA: <u>49-Okanogan</u>



**Short Term/Temporary Water Use**

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☒ YES ☐ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: 15/October/2007 TO: 15/April/2008

For Ecology Use	APPLICATION NO: _____	SEPA: Exempt/Not Exempt
	Fee Paid: _____ Check No: _____	ECY Coding: 001-001-WR1-0285-000011
Date Returned _____	By _____	Priority Date _____ By _____ WRIA: _____



Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

<b>A.) If Surface Water Source</b>	<b>B.) If Ground Water Source</b>
<input type="checkbox"/> Spring <input type="checkbox"/> Creek <input checked="" type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____	<input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____
Source Name: <u>Okanogan River</u>	Well diameter & depth: _____
Tributary to: <u>Columbia River</u>	Number of proposed points of withdrawal: _____
Number of proposed diversion points: <u>1</u>	Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If available, attach Water Well Report and pump test.
	Well Tag ID No. _____

C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
Tax Lot #3727040030	SE	SE	04	37N	27E	Okanogan
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
100 Feet (☒ North/☐ South) and 400 feet (☐ East/☒ West)  
from the (☐NW ☐SW ☐NE ☐SE ☒ ) corner of Section 4.

Parcel No.	¼	¼	Section	Township	Range	County
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:  
\_\_\_\_\_ feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)  
from the (☐NW ☐SW ☐NE ☐SE ☐ ) corner of Section \_\_\_\_\_

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO  
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO  
Provide the owner name(s), address, and phone number: Oroville-Tonasket Irrigation District, P.O. Box 1729,  
Oroville, WA 98844

Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

¼	¼	Section	Twp.	Range	County	Parcel No.
SE	SE	04	37N	27E	Okanogan County	#3727040030

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO  
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO  
Provide owner name(s), address, and phone number: Oroville-Tonasket Irrigation District, P.O. Box 1729, Oroville,  
WA 98844

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO  
If yes, provide the water right and/or claim numbers: 2/10379; 705/927; 10694



Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source): Two pumps drawing 10 cfs constant flow from Okanogan River through existing pump intake system, discharging into existing settling pond, through-flow the length of the settling pond (270 ft.), then discharge through drain pipe back to river at a point within 100 feet of pump intake point. There are 5 tubine-type pumps, 40 Hp (max), pumping at 15 psi head, at 5 cfs capacity each.

Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

Complete A or B, and C below

<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: _____	Present population to be served water: _____
Type of connections: _____ <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
_____	
_____	
_____	

Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES

**Irrigation**  
Total number of acres requested to be irrigated under this application = \_\_\_\_\_ ACRES  
NOTE: Outline the area to be irrigated on your attached map.

**Stockwater**  
List number and kind of stock: \_\_\_\_\_

Is the proposed project for a dairy farm? ☐ YES ☐ NO

**Other Proposed Farm Uses**



Describe all proposed uses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Farm Water Act (RCW 90.66):**

Calculate the acreage in which you have a controlling interest, including only:

- Acreage irrigated under water rights acquired after December 8, 1977,
- Acreage proposed to be irrigated under this application, and
- Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? ☐ YES ☐ NO

Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ☐ NO

If yes, enter Permit No: \_\_\_\_\_

**Section 8. OTHER WATER USES**

**Hydropower**

Indicate total feet of head \_\_\_\_\_ and proposed capacity in kilowatts: \_\_\_\_\_

Describe works: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate all uses to which power is to be applied: \_\_\_\_\_

FERC License No: \_\_\_\_\_

**Mining/Industrial Use**

Describe use, method of supplying and utilizing water: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Use**

Fish Rearing during winter months from about October 15 with continuous pumping of flow from the River through the pond and back to the River, with release of acclimated juvenile Chinook salmon by about April 15

**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☐ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☐ NO

Will the water depth be 10 feet or more? ☐ YES ☐ NO

If you answered yes to any of the above questions, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: Highway 97 North to Tonasket, turn left (west) at 4<sup>th</sup> Street, cross Okanogan River and turn immediately right at end of bridge, stay right and travel north up Highway 7



approximately 1.5 miles to driveway on right (toward River) down to settling pond and pump station facility.  
Driveway is immediately South of the cemetery

Site Address:Approximately 1.5 mile Highway 7, north of Tonasket, Washington

Section 11. REQUIRED SIGNATURES

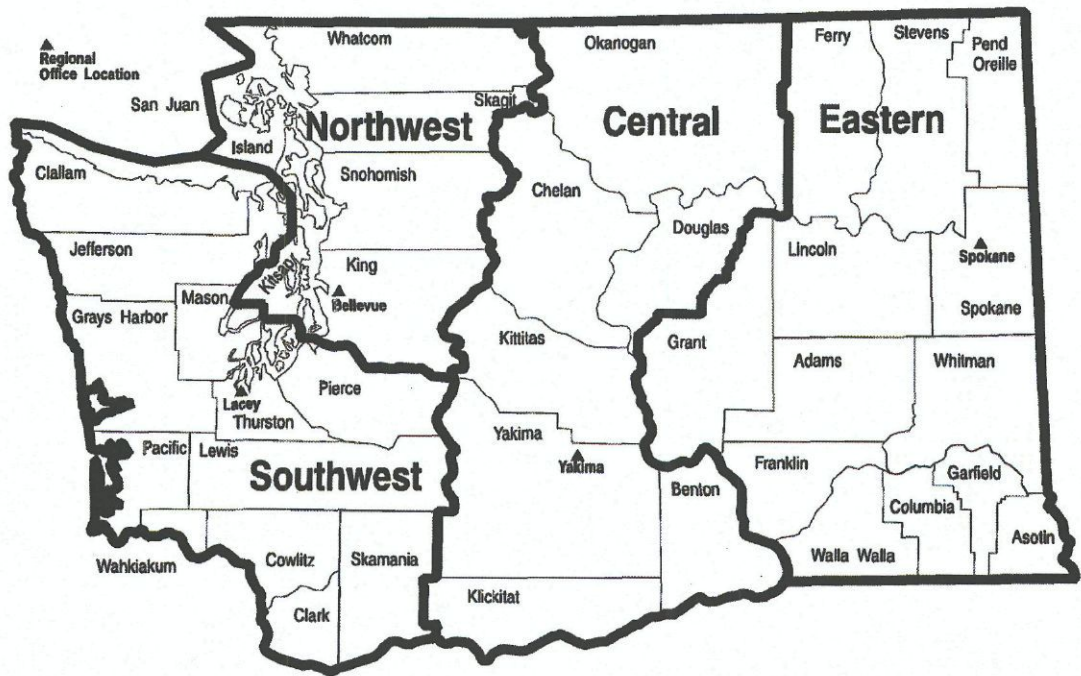
I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Print Name (Applicant or authorized representative)	Signature	Date
Print Name (Landowner of Place of Use)	Signature	Date
Print Name (Landowner of Place of Use)	Signature	Date
Print Name (Landowner of Place of Use)	Signature	Date

Submit your application to: DEPARTMENT OF ECOLOGY  
CASHIERING SECTION  
PO BOX 5128  
LACEY WA 98509-5128

Please check the region in which your proposed project is located.  
☐ Southwest ☐ Northwest ☒ Central ☐ Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.





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Tom W. Scott  
 Print Name  
 (Applicant or authorized representative)

Tom W. Scott  
 Signature

10/29/07  
 Date

\_\_\_\_\_  
 Print Name  
 (Landowner of Place of Use)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name  
 (Landowner of Place of Use)

\_\_\_\_\_  
 Signature

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